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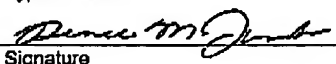
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MAY 11 2006



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	FILING DATE	02/20/2004
	FIRST NAMED INVENTOR	Dallas W. Meyer, et al.
	ART UNIT	3729
	CONFIRMATION NO.	6998
	EXAMINER	Anthony D. Tugbang
	ATTORNEY DOCKET NO.	K35R1672.D1
TITLE	NON-CORROSIVE GMR SLIDER FOR PROXIMITY RECORDING	

ATTACHED WITH THIS SUBMISSION:

1. Transmittal Form (1 page)
2. Fee Transmittal Form (1 page)
3. Information Disclosure Statement / PTO/SB/08A (1 page)

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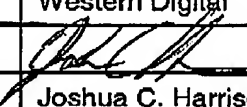
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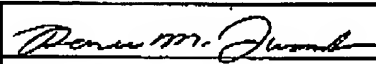
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/783,678
	Filing Date	02/20/2004
	First Named Inventor	Dallas W. Meyer, et al.
	Art Unit	3729
	Examiner Name	Anthony D. Tugbang
Total Number of Pages in This Submission	Attorney Docket Number	K35R1672.D1

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Western Digital	
Signature		
Printed name	Joshua C. Harrison, Esq.	
Date	May 11, 2006	Reg. No. 45,686

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Signature		
Typed or printed name	Renee M. Franks	Date May 11, 2006

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PTO/SB/17 (01-08)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 180**Complete if Known**

Application Number	10/783,678
Filing Date	02/20/2004
First Named Inventor	Dallas W. Meyer, et al.
Examiner Name	Anthony D. Tugbang
Art Unit	3729
Attorney Docket No.	K35R1672.D1

METHOD OF PAYMENT (check all that apply)

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
- 20 or HP =	x 50 =	
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
- 3 or HP =	x 200 =	
HP = highest number of independent claims paid for, if greater than 3.		
	Fee Paid (\$)	
Multiple Dependent Claims		
Fee (\$)	Fee Paid (\$)	

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Submission of Information Disclosure Statement (FC 1806)

Fees Paid (\$)

180

SUBMITTED BY

Signature	Registration No. (Attorney/Agent) 45,686	Telephone (949) 672-6119
Name (Print/Type) Joshua C. Harrison, Esq.		Date May 11, 2006

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Substitute for form 1449/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Complete if Known

Application Number	10/783,678
Filing Date	02/20/2004
First Named Inventor	Dallas W. Meyer, et al.
Art Unit	3729
Examiner Name	Anthony D. Tugbang
Attorney Docket Number	K35R1672.D1

Sheet	1	of	1
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**Examiner
Signature**

Data	Considered
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